



PATENT
450100-03424

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Osamu Hamada
Serial No. : 09/940,551
For : RADIO TRANSMISSION DEVICE AND METHOD,
RADIO RECEIVING DEVICE AND METHOD, RADIO
TRANSMITTING/RECEIVING SYSTEM, AND
STORAGE MEDIUM
Filed : August 27, 2001
Examiner : Creighton H. Smith
Art Unit : 2645

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on July 20, 2005.

William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered Representative

William S. Frommer
Signature

July 20, 2005

Date of Signature

AMENDMENT

Mail Stop **Amendment**
Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of April 21, 2005, having a three-month response date of **July 21, 2005**, please amend this application as follows:



PATENT
450100-03424

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Applicant(s) : Osamu Hamada
Serial No.: 09/940,551
For : RADIO TRANSMISSION DEVICE AND METHOD, RADIO RECEIVING DEVICE AND METHOD, RADIO TRANSMITTING/RECEIVING SYSTEM, AND STORAGE MEDIUM
Filed : August 27, 2001
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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	38	Minus	** =52	* 0 x	\$50 (25)	= \$ 0
Independent claims	18	Minus	*** =10	* 8 x	\$200 (100)	= \$ 1,600.00
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered Representative

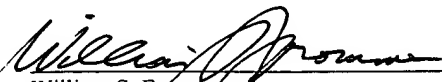

Signature

July 20, 2005

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By: 
William S. Frommer
Reg. No. 25,506
Tel: 212-588-0800

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